Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID MEMO

Last Updated: 03/09/2022

Updates and Clarification of the Prior Authorization Process for Community Based Care Services

The purpose of this memorandum is to provide updates and clarification for the prior authorization (PA) process with Virginia Medicaid's new PA contractor, Keystone Peer Review Organization (KePRO). This memorandum summarizes PA-related information previously communicated in several Medicaid Memoranda beginning March 20, 2006. We understand that some providers have experienced delays and issues with the process and hope that these general guidelines will assist with the transition. We ask for your patience and understanding during this transition as we improve the timeliness of this process.

The implementation of the PA process was completed on June 19, 2006. KePRO handles PA review for all services except the following: (1) those services maintained with existing vendors (Pharmacy, Dental, Transportation, Mental Retardation & Day Support Waivers, and Managed Care Organizations); (2) those authorizations maintained by DMAS Medical Support (Organ Transplants, Gastric Bypass, Cosmetic Procedures, Prostheses); and, (3) certain waiver enrollment/service authorizations maintained by DMAS Long-Term Care (see attached table).

1. iEXCHANGE Updates

Providers can use iEXCHANGE, the KePRO web-based PA system, to submit PA service requests 24 hours a day, seven days a week via the Internet. (Refer to the attached table for instructions regarding submission of waiver enrollment requests) Registration is required and once completed, providers can expect to receive their iEXCHANGE user login and password by email within 10 business days. A step-by-step iEXCHANGE user manual, an on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO

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website at: http://dmas.kepro.org/default.aspx?page=iexchange. If you have questions or concerns about iEXCHANGE, please contact KePRO at (888)-827-2884, (804) 622-8900, or ProviderIssues@kepro.org.

2. <u>Verify Client Eligibility</u>

Providers are encouraged to verify the client's eligibility and enrollment prior to submitting PA requests to KePRO. As many Medicaid, FAMIS Plus, and FAMIS individuals are enrolled with a DMAS Managed Care Organization (MCO), eligibility verification avoids unnecessary delays associated with PA submissions to an incorrect payer source. (Note: Enrollment into a home and community based care waiver will automatically initiate disenrollment from the MCO as appropriate.)

DMAS offers a web-based Internet option (ARS) for eligibility verification purposes. The website address to use to enroll or access this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

3. <u>Efficiency of PA Request Submissions</u>

The preferred method of submission for PA requests for <u>waiver services</u> is through iEXCHANGE; however, requests may be submitted via fax, telephone, or mail. Please note that PA requests for <u>waiver enrollments</u> must be submitted by fax or mail and must include a thoroughly completed copy of the individual's Universal Assessment Instrument (UAI) screening form. *(Refer to the attached table for further instructions regarding submission of waiver enrollment requests.)*

Updated PA fax request forms are now posted on the DMAS and KePRO websites. The forms have been updated based upon provider feedback, and are available in two formats: (1) a PDF version that providers can download and complete manually; and, (2) an editable Word version, that allows providers to save the form and input responses directly. (Use of editable version of the PA request form will expedite processing.) When submitting by fax and/or mail, providers must use the updated fax form and should include all relevant clinical information in the *Severity of Illness* (SI) and *Intensity of Service* (IS) boxes. **Please do not send attachments with the fax forms, <u>except as</u> <u>noted in the instructions on the fax forms.</u>** KePRO is unable to alter any information submitted on PA requests. Providers are responsible for providing accurate and correct information on their PA requests.

Starting August 21, 2006, KePRO will reject requests that are submitted with old forms and unauthorized attachments. Please see the KePRO

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website http://dmas.kepro.org/ or DMAS website www.dmas.virginia.gov for current versions of forms and associated instructions.

Once your request has been submitted, a case ID number will be generated. The case ID number is used to track this specific case through KePRO's system. **Please note that the case ID is not your PA number.** The PA number will also be posted on iEXCHANGE (and sent via fax for telephone and fax PA submissions). Providers may also check prior authorization status through Medicall (1- 800-884-9730 or 1-800-772-9996) or the DMAS web-based automatic response system (ARS) at http://virginia.fhsc.com.

Clients and providers will continue to receive written notifications of service approvals, partial approvals, and denials. These PA notification letters are sent to the provider servicing address on file,

as indicated by the provider in their enrollment filing with DMAS. Written letters will also identify applicable provider and client appeal rights and instructions.

If additional information is required, KePRO will notify the provider through iEXCHANGE (or via fax for telephone and fax PA submissions) of missing information. When responding back to KePRO, providers need only submit the specific information requested. Do not submit the entire medical record.

 4. Special Instructions for ICD-9 Diagnosis and HCPCS Procedure Codes

ICD-9 Diagnosis Codes – The primary ICD-9 diagnosis code relative to the PA requested service(s) **is required *(provide all 5 digits)* for all prior authorization submissions.**

HCPCS Procedure Codes – Providers must identify the PA requested service(s) using the most appropriate HCPCS procedure code. When entering a HCPCS through iEXCHANGE, capitalize the leading alpha character, such as "T1999."

iEXCHANGE provides a search feature for ICD-9 and procedure codes. These codes are also available in an Excel format on the KePRO website at:

http://dmas.kepro.org/default.aspx?page=faq.

5. Special Instructions for Open Ended Through Dates

PA requested *"from"* and *"through"* service dates are required for all PA submissions. However, for certain waiver services, an *"open"* through date (12/31/9999) is no longer acceptable. Under KePRO, all dates entered must be "valid" and the new open through date format is equal to six (6) years beyond the "from" date of service. The through date for "open" waiver PAs will be systematically auto-renewed by KePRO prior to the PA expiration date. This new "open" end-date change applies to newly added and/or updated prior authorizations. Providers are not required to change existing waiver prior authorizations (e.g., those on file with a "12/31/9999" authorized through date).

6. PA Timely Filing Requirements

DMAS has extended the relaxed requirement of timely submission for PA requests through September 30, 2006. This applies for request dates beginning May 2006 (at the time of the KePRO implementation). Starting October 1st, timely submission for requests will again be applied and determinations will be made based on timeliness.

7. Transportation through LogistiCare for Services Requiring PA

The authorization *"issued for the medical service"* that is required for payment of any necessary transportation services through LogistiCare (DMAS' Non-Emergency Transportation Contractor) has also been relaxed for all services requiring PA through August 31, 2006. Starting September 1, 2006, LogistiCare will resume application of any PA-related transportation rules.

TRAINING AND PA RESOURCE INFORMATION

A pre-recorded Web-Ex training that provides an in-depth PA overview and an iEXCHANGE demo is available on the KePRO website at:
http://dmas.kepro.org/default.aspx?page=iexchange.

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Providers may view this web-cast training at their convenience.

The most up-to-date PA information is posted on the DMAS Website at: http://www.dmas.virginia.gov/pr-prior_authorization.htm and the KePRO website at: http://dmas.kepro.org . Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov .

KePRO CONTACT INFORMATION

You may contact KePRO through the following methods:

iEXCHANGE: http://dmas.kepro.org/

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

Mail: 2810 N. Parham Road, Suite 305, Richmond, VA 23294

Other Provider Issues: ProviderIssues@kepro.org

Some providers have experienced difficulty accessing KePRO's toll free telephone and fax numbers. It is our understanding that many providers have successfully resolved this issue by reporting the inability to access the KePRO numbers to their respective telephone vendor. Providers who are unable to access the KePRO fax number may submit through iEXCHANGE or telephonically to: 1- 804-622-8900, or by mail.

PRIOR AUTHORIZATION, ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice

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response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at http://dmas.kepro.org/

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of

Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.